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DECLARATION FOR UTILITY OR	Attorney Docket Numbe	r L1B-2000	
DESIGN PATENT APPLICATION	First Named Inventor COMPLETE IF KNOWN		
(37 CFR 1.63)	Application Number		
Declaration Declaration	Filing Date		
Submitted OR Submitted after Initial with Initial Filing (surcharge	Group Art Unit		
Filing (37 ČFR 1.16 (e)) required)	Examiner Name		

As a below named inventor, I hereby declare that: My residence, mailing address, and clitzenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Me thous and Apparatus for Reducing Localized Cinculatory System Pressure (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international fling date of the continuation-line applications which designated at least one countribles or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one countribles or plant breeder's rights certificate(s), or 365(a) of any PCT international application having a filing date of before that of the application in which priority is claimed. Prior Foreign Application Country Additional foreign application numbers are listed on a supplemental priority data sheet PTO/S8/028 attached hereto:	\			required)		Examiner Name	<u> </u>		
Delieve I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Methods and Apparatus for Reducing Localized Cinculatory System Pressure	_	As a below named inventor, I hereby declare that:							
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Methods and Apparatus for Reducing Localized Cincula fory System Pressure (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application and the national or patent, inventor's or plant breeder's rights certificate(e), or 355(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application Number(s) Country Foreign Filing Date (MM/DD/YYYY) Are the Application Not Claimed Certified Copy Attached? YES NO		My residence, mailing	address, and	d citizenship ar	e as stated b	elow next to my nam	ne.		
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SR/02R attached hereto:				Countr		•			•
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[Page 1 of 2]

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city Ambler		State PA	zip 19002		
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NAME OF SOLE OR FIRST INVENTOR :	A petition has	s been filed for this ur	signed inventor		
Given Name (first and middle [if any])		Family Name Ren	en		
Inventor's Signature			Date		
Residence: City Qrxat - Ono	State	Israel	Israeli Citizenship		
Mailing Address 11 Simch - Holzberg Street					
city Orxat- Dno	State	zip55000	Is rae /		
NAME OF SECOND INVENTOR:	A petition has	been filed for this uns	igned inventor		
Given Name (first and middle [if any]) Randy		amily Name e	sten		
Inventor's Signature			Date		
Mountain View Residence: City	State A	USA Country	USA Citizenship		
Mailing Address					
ciny Mountain View	State CA	ZIP	Country USA		
Additional inventors are being named on the	supplemental Additiona	al inventor(s) sheet(s) PTC	0/SB/02A attached hereto.		